

effect this increase would have on small businesses that provide drugs and biologics to the Medicaid program, as well as possible disincentives this increase could create for companies to innovate and develop important new medicines. Although I am not opposed to raising the base rebate amount on principle, I am concerned that it may not be a prudent step to take without a thoughtful and complete review of its possible impacts.

Ms. BALDWIN. Mr. Speaker, I rise in strong support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act.

All Americans deserve access to affordable, comprehensive health care—to meet both their physical and mental needs. I believe that Americans should be provided comprehensive coverage for mental health services. Mental illness and substance abuse are real and treatable health problems—just like hypertension, cancer and heart disease; yet millions of hard-working men and women still find that their health plans place strict limits on coverage for mental health benefits.

I am proud to be an original cosponsor of H.R. 1424. This bill will finally provide for equity in coverage of mental health and substance-related disorders.

We know all too well the inequities that currently exist for those seeking mental health care and substance-related care. They are subjected to higher co-payments, higher deductibles, and more restrictive treatment limits.

I have heard hundreds of heart-wrenching stories from my constituents in Wisconsin about the effects that these inequities have had on their families.

One woman's story was especially poignant about the inequities of the current system. In the same year, both her husband and her daughter required major medical care because of life-threatening conditions. One had a disease of the kidneys, and one suffered from severe clinical depression. Both patients required emergency visits and extended treatment. Both patients were compliant and followed their doctor's treatment instructions. Both patients were covered under the same family policy.

But the insurance paid for twice as much of the costs associated with the kidney disease than they did for the severe depression, because depression is a mental illness.

And while her husband underwent multiple treatments for his kidney disease, her daughter was told after a few psychiatric visits that her insurance would not pay anything toward further visits because she had used up her allotted number of visits for the year.

These higher patient costs and treatment limits are unconscionable. I am delighted that H.R. 1424 will require equity in financial commitments and equity in treatment limits for mental health and substance-related disorders as compared to medical and surgical benefits. In addition, it will prohibit discrimination by diagnosis and provide Americans with the same mental health coverage that Members of Congress have.

Mr. Speaker, I urge my colleagues to join me in voting in favor of H.R. 1424.

Mr. BUTTERFIELD. Mr. Speaker, I rise today in strong support of the H.R. 1424—Paul Wellstone Mental Health and Addiction Equity Act of 2007. This legislation is a great step in ensuring that group health plans are discouraged from charging higher co-pay-

ments, coinsurance, deductibles, and imposing the maximum out-of-pocket limits on mental health and addiction care than those imposed for medical and surgical benefits.

Although I fully support the intent of this measure, Mr. Speaker, I have slight reservation over one of the offsets used to pay for the legislation, specifically the large increase in the Medical prescription drug rebate.

Innovative drug companies already provide deep discounts to Federal and state governments for prescription drugs covered by the Medicaid program. H.R. 1424 calls for a 33 percent increase in the rebate that brand pharmaceutical companies pay to the Medicaid program at a time when many drug companies are facing big financial challenges.

As a member of the North Carolina delegation, I realize the economic impact that this innovative industry has on my State, employing over 25,000 North Carolinians with many coming from my congressional district. I also understand the threat that this rebate poses to research, development, and access to drugs for the Medicaid beneficiaries of my poverty stricken district. We need these companies to continue investing in the United States, creating good jobs, and developing the new drugs our patients need.

Mr. Speaker, it is my hope that the House will come together and support this progressive piece of legislation. I am pleased that we did not give up on this bill and have moved forward despite the President's veto of the Children's Health and Medicare Protection Act of 2007. Further, I would also like to encourage my colleagues who will be engaged in the conference negotiations to bring to us a final product that will not deter innovation of new treatments for the diseases and ailments that affect American families.

Mr. SESSIONS. Mr. Speaker, today on the floor of the House of Representatives we are considering the issue of mental health parity. Unfortunately, some of my colleagues have clouded this important issue with extensive and over-burdensome regulations. As a supporter of mental health parity it is regrettable that I can not support the bill at hand. With over 50 million adults suffering from mental disorders it is necessary that there is access to mental health services. The Senate has passed legislation on parity that will allow access to these needed services, and I applaud and support their efforts.

As a long time supporter of the Genetic Information Non-Discrimination Act, it is disappointing that this legislation was coupled in with the over regulated mental health parity bill. Congress has taken great strides over the last few years towards adequately protecting an individual's genetic information an encouraging lifesaving genetic testing. Attaching this legislation to the flawed parity bill puts those efforts to shame. Congress should take up the Genetic Information Nondiscrimination Act on its own and allow those, like myself, to vote in favor of the bill.

Mrs. BEAN. Mr. Speaker, I rise in support of H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. The passage of this bill is an important step for those suffering from mental health and substance-related disorders in this country.

I believe it should not be an uphill battle for the millions of Americans living with mental illness and addiction to receive quality care. Thanks to my colleagues, Mr. KENNEDY and

Mr. RAMSTAD, we are taking strides to achieve parity between mental and medical conditions.

While I support achieving mental health parity, I am concerned about using the Medicaid prescription drug rebate as an offset to pay for this legislation.

Innovator drug companies already pay significant rebates to Federal and state governments for their prescription drugs to be covered by the Medicaid program. As a result of this "best price" policy, Medicaid programs already obtain drugs at a below-market price. I am concerned that further increasing this rebate will have a chilling effect on pharmaceutical research and development for the next generation of treatments, including those that aid the patients with mental health conditions we are helping today.

As the economy weakens and our manufacturers are courted with large subsidies to move their operations and jobs overseas, we must not stifle innovation. We need our pharmaceutical companies to continue investing in the United States, creating good jobs, and inventing new drugs our patients need.

I urge the passage of H.R. 1424. However, as this bill advances to conference, I hope the final product that returns to the House will not contain an increased Medicaid rebate, or any other provision that will deter the innovation of new treatments for the diseases that affect American families.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, as a psychiatric nurse with 15 years of hands-on patient care experience, I strongly support mental health parity. All health insurers should provide coverage for mental and behavioral care.

An overwhelming body of evidence links mental- and emotional well-being to physical well-being. Simply put, the two go hand-in-hand.

For too long, too many health insurance companies have cut corners, when it comes to providing mental health benefits. Left to the "free market system," many insurers have opted not to cover mental health care, claiming that it is not medically necessary, or simply ignoring the issue and forcing patients to absorb the costs.

For too long, patients have suffered unfair expenses or delayed getting care, and the economic impact to our society has been large. Suicides, missed work due to depression, and other mental health issues have been the result of private industry's refusal to offer mental health benefits.

It is time that we put this harmful practice to a stop. I want to commend Representatives PATRICK KENNEDY, JIM RAMSTAD, and Senators TED KENNEDY and PETE DOMENICI for their tireless work to develop this legislation.

While I strongly support mental health parity, I believe that the Senate bill has been better tested by the stakeholder and business communities. The House version contains a provision, intended to help pay for the mental health benefit, that would result in reduced spending for physician-owned hospitals.

Baylor cardiovascular hospital, in my district in Dallas, would be affected by the provision. In order to collect future Medicaid reimbursements, the hospital would need to reduce its percentage of physician ownership; and growth of the hospital could be severely restricted.

It is my belief that Dallas residents are best served with as many options of affordable